

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/595690 Filing Date
Applicant

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							100							
TOTAL REQ.														
TOTAL DEP.														
TOTAL CLAIMS														